

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

MAIL FORM TO: **CITY OF GRAPEVINE**
CITY SECRETARY'S OFFICE
P O BOX 95104
GRAPEVINE, TEXAS 76099-9704

TELEPHONE: 817-410-3181

STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

Number Requested - For security reasons, orders for 5 or more certificates must be picked up.

 CERTIFIED COPIES x \$23.00 =

Please make check/money order payable to City of Grapevine

Certificate No.	_____
Control No.	_____
Issue by	_____
Date PU/Mail	_____
Receipt No.	_____
Rec'd Mail/Ofc	_____
Time	By _____

**CERTIFICATES ISSUED ON THURSDAY
AND MAILED TO PARENT**

APPLICATION DEADLINE: WEDNESDAY, NOON

PLEASE PRINT

1. NAME ON RECORD _____
FIRST MIDDLE LAST SUFFIX
2. DATE OF BIRTH _____ 3. SEX _____
MONTH DATE YEAR
4. HOSPITAL Baylor Regional Medical Center at Grapevine Grapevine Tarrant County
CITY COUNTY
5. MOTHER'S NAME _____
MOTHER'S NAME PRIOR TO MARRIAGE FIRST MIDDLE MAIDEN LAST NAME
6. FATHER'S NAME _____
FIRST MIDDLE LAST SUFFIX
7. YOUR NAME _____
FIRST MIDDLE LAST
8. MAILING ADDRESS _____
STREET ADDRESS, APT NUMBER CITY STATE ZIP
9. TELEPHONE NO. _____
(MONDAY - FRIDAY 8 A.M. - 5 P.M.)
10. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____
11. PURPOSE FOR OBTAINING THIS RECORD _____

Note: If applying for a CDIB card (Indian heritage), you must contact the State of Texas, Bureau of Vital Statistics for a long certificate at 1-888-963-7111 or at www.dshs.state.tx.us/vs

WARNING STATEMENT: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SECTION 195.003)

SIGNATURE OF PARENT/APPLICANT

DATE

Parent/Applicant is REQUIRED to submit copy of Driver's

DRIVER'S LICENSE NUMBER

License, Passport or State Identification Card

Do not mail Verification of Birth Facts - will not be returned

FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (08/12) BIRTHHOSPITALFORM.XLS

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

NOTE: For security reasons, orders for 5 or more certificates must be picked up. Access to this record is restricted once 10 certificates have been issued (Texas Administrative Code, Chapter 181, Section 181.24).

Item 1. Name on Record:

State the Full Name of the person as shown on the birth record.

Item 2. Date of Birth:

Give the exact date of birth.

Item 3. Sex:

Enter Male or Female.

Item 4. Place of Birth:

State the name of the city and county in which the birth occurred.

Item 5. Mother's Name:

Give the Full Name (including mother's maiden name) as shown on the birth record.

Item 6. Father's Name:

Give the Full Name as shown on the birth record.

Item 7. Your Name:

You are the applicant, so give your Full Name.

Item 8. Mailing Address:

Give your complete current mailing address.

Item 9. Telephone Number:

Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Item 10. Relationship to person named on record:

State how you are related to the person on the birth record.

Item 11. Purpose for obtaining this record:

State the reason or purpose for which you are requesting this record.

Sign and Date the application. Enclose a copy of **Driver's License, Passport or State Identification Card**. Mail to the address at the top of this application, with the correct **fee**. Should you require further assistance, please call us at 817-410-3181.